

Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Deval L. Patrick, Governor ♦ Timothy P. Murray, Lt. Governor ♦ Tina Brooks, Undersecretary



**TO GENERAL CONTRACTORS  
CONSTRUCTION CONTRACT SUBMISSION PACKAGE  
FOR CONTRACTS \$0 to \$100,000**



**BUREAU OF HOUSING DEVELOPMENT AND CONSTRUCTION  
PROJECT DEVELOPMENT UNIT**

**General Contractor's please be sure your contract submission is complete in  
accordance with the attached checklist and documents.  
Incomplete submissions will hold up the approval process.**

**Some of the attached contract forms can also be downloaded from  
DHCD'S website at  
[www.mass.gov/dhcd/](http://www.mass.gov/dhcd/)**

## **TABLE OF CONTENTS**

<b>Construction Contract Checklist .....</b>	<b>1.</b>
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### **FORMS**

Owner-Contractor Agreement .....	1
Certificate of Vote of Authorization .....	1
Form of Contractor's Equal Employment Certification .....	1
Form of Performance Bond .....	1
Form of Payment Bond .....	1

# **GENERAL CONTRACTOR CONTRACT DOCUMENT PROCESSING CHECKLIST**

PLEASE COMPLETE AND SUBMIT THE FOLLOWING ENCLOSED DOCUMENTS

## **1. OWNER/CONTRACTOR AGREEMENT & FORM OF CERTIFICATE OF AUTHORIZATION**

- ? Three (3) originals on enclosed form;
- ? Three (3) originals completely filled out and fully executed by your company on the enclosed form and attach form to each original Owner/Contractor Agreement;

## **2. PERFORMANCE AND PAYMENT BONDS<sup>1</sup> – MUST USE FORMS PROVIDED**

- ? Three (3) originals, fully executed on the enclosed forms in the full amount of the contract;
- ? Bonding Company must be licensed to do business in the Commonwealth of Massachusetts;
- ? Bond dates must coincide with contract date.

## **3. INSURANCE REQUIREMENTS<sup>2</sup>**

- ? Provide one (1) original and one (1) copy of a Certificate of Insurance indicating coverage is in force. The Certificate shall name the Housing Authority and the Department of Housing and Community Development as additional insured and all persons furnishing labor or labor and materials for the contract work. The XCU exclusions should be deleted.

### **Contractor's Commercial General Liability**

Bodily Injury &	\$ 1,000,000. each occurrence
Property Damage	\$ 1,000,000. general aggregate
Products & Completed Operations	\$ 1,000,000. aggregate
Personal & Advertising Injury	\$ 1,000,000. each occurrence

### **Worker's Compensation and Employer's Liability**

Worker's Compensation	\$ 100,000.
Employer's Liability	500,000. each accident
	500,000. disease per employee
	500,000. disease policy

### **Vehicle Liability Insurance**

Bodily Injury &	\$ 1,000,000. each person
Property Damage	1,000,000. each accident

## **4. FORM OF CONTRACTOR'S EQUAL EMPLOYMENT CERTIFICATION**

- ? One (1) original of the enclosed form indicating the percentage ratio of minority employee man-hours in each job category as required in **Section 00.73.36** of the Contract Specifications.

THE COMPLETENESS AND ACCURACY OF THESE DOCUMENTS WILL ASSURE A PROMPT DHCD APPROVAL. PLEASE NOTE THAT DHCD WILL NOT APPROVE THE GENERAL CONTRACT UNTIL ALL THE LISTED DOCUMENTATION IS SUBMITTED AND THESE REQUIREMENTS ARE SATISFIED.

<sup>1</sup> Refer to Article 11 of the General Conditions if contract is between \$0-\$25K or Article 18.1 if contract is between \$25K-\$100K

<sup>2</sup> Refer to Article 9 of the General Conditions if contract is between \$0-\$25K or Article 16.1 if contract is between \$25K-\$100K